



**BlueCross BlueShield
of Montana**




Healthy People. Healthy Communities.
Department of Public Health & Human Services

MONTANA HELP PLAN

PARTICIPANT GUIDE

www.bcbsmt.com/mthelpplan
HELPPlan.mt.gov



Thank you for choosing the Montana Health and Economic Livelihood Partnership (HELP) Plan as your health plan. This HELP Plan Participant Guide will help you learn more about the HELP Plan and how to use your HELP Plan benefits. The HELP Plan offers medical, behavioral health, dental, vision, prescription drug benefits, and much more. The HELP Plan works to keep you healthy, not just treat you when you are sick. When this HELP Plan Participant Guide is updated with covered services, copayment, or plan changes, it will be posted to **www.bcbsmt.com/mthelpplan** and **HELPPlan.mt.gov**.




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Montana HELP Plan

The HELP Plan is just one of many programs sponsored by the Montana Department of Public Health and Human Services (DPHHS) to provide health care coverage to Montanans. Most HELP Plan medical services are administered by Blue Cross and Blue Shield of Montana (BCBSMT). A small set of medical services will be administered by Xerox.

Services for the HELP Plan Processed by BCBSMT (must be a BCBSMT provider):

- Behavioral Health (Mental Health and Substance Use Disorder)
- Convalescent Home (excludes Custodial Care)
- Durable Medical Equipment/Supplies
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Emergency
- Hospital
- Lab and X-Ray (Medical)
- Medical Vision and Exams
- Mid-Level
- Physician
- Preventive
- Rehabilitative and Habilitative
- Surgical

Services for the HELP Plan Processed by Xerox (must be a Montana Medicaid provider):

- Audiology
- Dental
- Diabetes Prevention Program
- Eyeglasses
- Federally Qualified Health Center
- Hearing Aids
- Home Infusion
- Indian Health Services/Tribal Health
- Pharmacy
- Rural Health Clinic
- Transportation (Including ambulance)

Health Care Providers

The HELP Plan has many quality health care providers to serve you, from family doctors and dentists to physical therapists, behavioral health counselors, and most everything in between. When you are looking for care, check to see if a provider is a HELP Plan or Montana Medicaid in-network provider. The HELP Plan only pays for services if you use an in-network provider, unless you have preauthorization.

For Medical and Behavioral Health Care Providers

Before seeing a medical or behavioral health provider, ask the provider if he or she is enrolled as a HELP Plan or Montana Medicaid provider. You can access provider and HELP Plan information at www.bcbsmt.com/mthelpplan. If you don't have internet access, call BCBSMT Participant Services at **1-877-233-7055**.

Online Access to Claims

Register today with Blue Access for MembersSM at www.bcbsmt.com/mthelpplan to see medical and behavioral claim status, medical benefits and eligibility information. You can also submit questions to Participant Services online. Participant Services is available Monday through Saturday from 6 a.m. to 10 p.m. and Sunday from 9 a.m. to 6 p.m. Mountain Standard Time.

For medical or behavioral health benefit or claim questions, call BCBSMT Participant Services at **1-877-233-7055**.

For Other Health Care Services Providers



You can visit HELPPlan.mt.gov where you'll find information for Medicaid enrolled health providers for: dental, pharmacy, eyeglasses, Rural Health Clinics, Federally Qualified Health Centers, hearing aids/audiology, transportation, Indian Health Services (IHS)/Tribal Health, and Community Health Center Services. You can access Montana Medicaid information at <http://mtaccesstohealth.acs-shc.com/mt/general/providerlocator.do>. If you don't have internet access, call the Montana Healthcare Programs Help Line at **1-800-362-8312**.

For benefit or claim questions, call the Montana Healthcare Programs Help Line at **1-800-362-8312**.

Getting Started with the HELP Plan

Your HELP Plan Identification (ID) Card

BCBSMT will send you a HELP Plan ID card. Carry this card with you at all times and show it to your provider when you get care. This card is also used for buying prescription drugs. Call BCBSMT at **1-877-233-7055** if you do not receive a card in the mail within 4 weeks, or if you lose the card. You may also access Blue Access for Members at **www.bcbsmt.com/mthelpplan** to request an ID card or to print a temporary ID card.

			
Subscriber Name: Participant Doe		HELP Plan	
Identification Number: YDM1234567			
Plan Code		RxBin:	RxGroup:
		RxPCN:	

Moving?

If you move, please let us know by calling the Montana Public Assistance Helpline at **1-888-706-1535**. Participants who move out of Montana are not eligible for the HELP Plan.

Coverage for Newborn Children

When a HELP Plan participant has a baby, the baby will automatically be enrolled in Montana Medicaid.

Your HELP Plan Rights

You have the right to:

- Expect quality medical care.
- Be treated politely and with respect by health care providers and their staff.
- Be told about your medical condition.
- Be told about the treatment your doctor advises before it happens.
- Refuse treatment.
- Be told of possible results before accepting or refusing treatment.
- Talk to your HELP Plan provider and expect your records and conversations are kept confidential.
- Choose your own HELP Plan provider.
- Make a complaint about the HELP Plan and receive an answer.
- Be informed how the HELP Plan works.
- Know what medical services are covered by the HELP Plan.
- Be informed of your copay responsibility for services received.
- Be informed of your premium responsibility and how it affects your copay amounts and out-of-pocket maximum.

Getting Started with the HELP Plan

Your HELP Plan Responsibilities

You and your HELP Plan health care provider are a team in protecting your health. Your job is to help your HELP Plan health care provider give you the best health care. So, keep the following in mind:

- Call ahead for an appointment when you need to see a HELP Plan provider. Providers often have busy schedules and cannot always see drop-in patients.
- Be on time for your appointments. Call your HELP Plan health care provider ahead of time if you are going to be late or can't keep your appointment.
- Tell your HELP Plan provider about your medical problems. Tell them the signs of trouble, pain, or changes you have noticed.
- Tell your provider about allergies and unusual health needs. Ask questions. Sometimes it helps to write a list of questions before you go to your appointment. Ask about risks, choices, and costs before treatment is given or drugs are prescribed.
- Fill all your prescriptions at the same pharmacy when possible. The pharmacist can answer questions about your prescriptions.
- Get complete directions about all medications, treatments, or tests. Write them down, or ask your provider to write them down.
- Pay your HELP Plan health care provider the copayment after the claim has been processed and you have been billed by the provider.
- Take time to decide about having a treatment before it happens. Be careful to review your treatment choices. Discuss your options with your HELP Plan health care provider. For many procedures, your HELP Plan provider will need time to get preauthorization.
- The HELP Plan does not cover some services. Please refer to the HELP Plan Services Chart in this guide for HELP Plan covered and non-covered services. You are responsible to pay for services that are experimental, investigational, unproven, not provided in the right setting, not medically necessary, or services that are not covered if you have signed an Advance Benefit Notice (ABN). If you don't see the service listed or you are not sure if a service is covered, call Participant Services at **1-877-233-7055**.
- HELP Plan providers may not bill you for services that are denied as not medically necessary, not provided in the right setting, experimental, unproven, investigational, and not covered unless you have signed an ABN (excludes ambulance).

HELP Plan Nondiscrimination Policy

The HELP Plan does not discriminate on the basis of race, color, national origin, age, disability or sexual orientation in admission or access to, or treatment or employment in, its programs and activities. The BCBSMT Section 504 ADA Coordinator can be reached at **(406) 437-5285**.

Premiums, Copayments, and Maximum Out-of-Pocket Costs

Premiums

As a participant of the HELP Plan you pay a monthly premium. Your premium helps cover the cost of your health insurance. The HELP Plan premium cannot exceed two (2%) of your yearly individual income. This total amount will be broken into monthly payments. BCBSMT will mail premium notices within the month prior to the due date. Premiums are due by the first of each month. Return the invoice stub and a check payment to the mailing address indicated on the invoice.

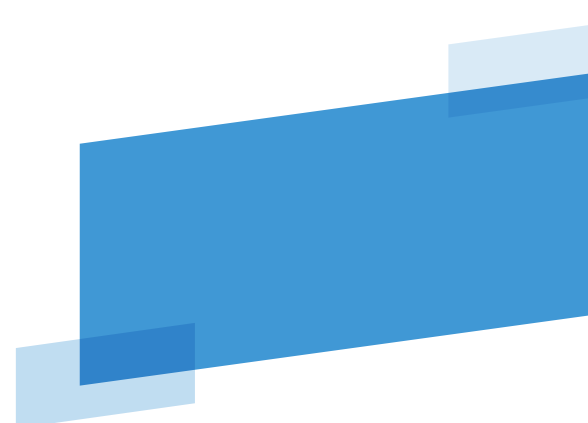
For participants at or below one hundred (100%) percent of the Federal Poverty Level (FPL), which equals approximately \$990 per month for an individual, or \$2,025 per month for a family of four, failure to pay premiums will not result in dis-enrollment. Unpaid premiums for all participants become a debt to the State and will be collected against future tax refunds. You can call Participant Services at **1-877-233-7055** to ask about your premium status.

Copayments

A copayment is a payment owed by you to your health care provider for health care services that you receive. You will be responsible to pay the provider after the claim has been processed. All participants will receive a credit toward copayments equal to the total owed premium amount for the quarter. Copayments will not be charged until the credit is met. You can call Participant Services at **1-877-233-7055** to ask about your copayment credit amount or other copayment questions.

If your income is at or above 100% of the FPL, and you have an outstanding copayment balance, a provider does not have to provide services for you again.

You may be charged for more than one copayment for a visit to your doctor. For example, your visit may result in the following copayments: x-rays, lab work, doctor visit, and for a facility fee (depending on the place of service). Contact Participant Services at **1-877-233-7055** if you have copayment questions.



Premium Credit Examples

Participants with Incomes 50 - 100% FPL

The participant is married without children (household size of two) with a household income of 75% FPL. The participant has a premium credit of approximately \$239 or 2% of household income per year, or approximately \$60 per quarter. During the participant's first quarter in the HELP Plan, the participant is billed for the following services:

- 1 preventive care visit (No copayment)
- 1 outpatient visit for a sinus infection (\$4 copayment)
- 1 preferred prescription drug (\$4 copayment)
- 1 outpatient physical therapy visit (\$4 copayment)
- 2 non-preferred prescription drugs (\$8 copayment per drug)

Total copayment: \$28

The participant is not charged copayment for any of the above services at the point of service. Rather, the corresponding providers submit claims for the services and, upon processing by the claims vendor, receive remittance advice indicating that (1) the preventive care visit does not have a copayment; and (2) the participant's premium credit is being applied to the remaining copayment, such that the provider is being paid in full for the service and does not have to collect a copayment from the patient. The participant will not owe a copayment.

Participants with Incomes 101 - 138% FPL

The participant is a single male with an annual income of \$11,888, or 101% FPL, and has a premium credit of \$238 per year, or approximately \$59 per quarter. The participant has a maximum out-of-pocket cap of 5% of quarterly income, so will not be obligated to pay over \$149 each quarter for all out-of-pocket expenses (or \$59 in premiums plus \$90 in copayments). The participant is billed for the following services during the first quarter of enrollment:

- 1 preventive care visit (No copayment) = \$0
- 2 outpatient visits (\$20 copayment per visit, or 10% of the \$200 payment the State makes for each outpatient service) = \$40
- 6 preferred prescription drugs (\$4 copayment per drug) = \$24
- 12 preferred non-prescription drugs (\$8 copayment per drug) = \$96

Total copayment: \$160

Premium credit for the quarter applied to copayment: \$59

Maximum quarterly copayments owed by participant: \$90

Cost sharing waived (amount above 5% cost share max allowed by CMS): \$11

The participant is not charged for any of the above services at the point of service. Rather, the corresponding providers submit claims for the services and, upon processing by the claims vendor, receive remittance advice indicating that (1) the preventive care visit does not have a copayment; (2) the participant's premium credit is applied to the first \$59 in copayment, such that the provider is being paid in full for the service and does not have to collect a copayment from the patient; and (3) the participant will owe his maximum quarterly copayments totaling \$90.

The HELP Plan Services chart on the next few pages will let you know what the copayment cost is for services, if there is a copayment. A separate letter was sent to you when you enrolled that indicates what FPL level you are under, so you can look at your copayment column on the chart.

Copayment and Maximum Out-of-Pocket Costs

If your income is at or below 100% of the FPL, and you have an outstanding copayment balance, a provider does not have to provide services for you again.

Individuals Not Responsible For Copayment

- Pregnant women;
- Those age 20 and under;
- American Indians/Alaska Natives who are eligible for, currently receiving, or have ever received an item or service furnished by:
 - an Indian Health Service (IHS) provider;
 - a Tribal 638 provider;
 - an IHS Tribal or Urban Indian Health provider; or
 - through referral under contract health services.
- Terminally ill receiving hospice services;
- Receiving services under the Medicaid breast and cervical cancer treatment category;
- Institutionalized persons who are inpatients in a skilled nursing facility, intermediate care facility, or other medical institution if the person is required to spend for the cost of care all but his or her personal needs allowance

Services With No Copayment

- Preventive health screenings,
- Family planning,
- Eyeglasses,
- Transportation,
- Emergencies in the emergency room, and
- Medically necessary health screenings ordered by a health care provider.

Maximum Out-of-Pocket Costs

Payments toward premiums and copayments will be applied to your maximum out-of-pocket amount. The maximum out-of-pocket amount is 5% of the total household income. This is calculated on a quarterly basis. You can check with BCBSMT at any time to find out about your premiums, credit status, copayment, or expected cost of copayments.



Copayment and Maximum Out-of-Pocket Costs

Premium Rights and Obligations

Even if you cannot pay your premium, you may still be able to keep HELP Plan coverage. You will remain in the HELP Plan if:

- A. Your income is under 100% of the FPL, which is approximately \$990 a month for an individual, or \$2,025 a month for a family of four; or
- B. If your income is above 100% of the federal poverty level, you may lose your coverage if you fail to pay your premiums. You are still responsible for the payment of your premiums. The unpaid premium balance will be transferred to the State of Montana for collection from your state income tax refund.

Even if you cannot pay your premiums, you may still be able to keep HELP Plan coverage under certain circumstances including:

- You have been discharged from the United States military service within the previous 12 months;
 - You are enrolled for credit in any Montana University System unit, a tribal college, or any other accredited college within Montana offering at least an associate degree;
 - You see a primary care provider who is part of a patient-centered medical home;
 - You are in a substance use treatment program; or
 - You are in a DPHHS approved healthy behavior activity program administered by DPHHS or BCBSMT.
- The list of approved programs is located at HELPPlan.mt.gov or call **1-855-324-6259**.

If Montana DPHHS determines that you meet two or more of these conditions, you will continue to have access to the health care services covered by the HELP Plan. You will still be responsible for payment of your premiums.

If two of the following describe you, call **888-706-1535**:

<ul style="list-style-type: none">• You have been discharged from the United States military service within the past 12 months; or	To let us know you were in college or in the military go to apply.mt.gov, or call 888-706-1535 or visit any local Office of Public Assistance.
<ul style="list-style-type: none">• You are enrolled for credit in a Montana university, tribal college, or any other accredited college in Montana that offers at least a two-year degree; or	
<ul style="list-style-type: none">• You are in an approved HELP Healthy Behavior Plan wellness program; orYou are in a substance use treatment program; orYou see a primary care provider who is part of a patient-centered medical home. You can find out by asking your doctor’s office.	<p>To find out more about the Healthy Behavior programs or to sign up please go to HELPPlan.mt.gov or call BCBSMT Participant Services at 1-877-233-7055.</p> <p>You can find out by asking your doctor’s office. To let us know, go to apply.mt.gov, or call 888-706-1535 or visit any local Office of Public Assistance.</p>

If you are disenrolled because you have unpaid (delinquent) premiums, you may reenroll in the HELP Plan after:

- A. You have paid your unpaid premium balance in full; or
- B. You have received notice from the State of Montana that your unpaid premium balance has been assessed against your future state income tax. This assessment occurs once per calendar quarter.

Participants that would like to reenroll should contact the Montana Public Assistance Help Line at **844-792-2460** or **apply.mt.gov**.

HELP Plan Services

This section tells if a service is covered by the HELP Plan. For details on these covered services, turn to the pages after the HELP Plan Services Chart. There may be other services that the HELP Plan will pay for that are not listed. Ask your HELP Plan provider if you're not sure if something is covered or requires preauthorization. HELP Plan Participant Services will also be able to help; call BCBSMT at **1-877-233-7055**.

Lifetime Maximum Benefit

There is no lifetime maximum benefit.

Preauthorization

Some HELP Plan services need to be approved before the HELP Plan will pay for them. Refer to the HELP Plan Services Chart to see if the services you need require preauthorization by your HELP Plan provider.

If you fail to get preauthorization for a service, you may be responsible to pay for that service if you signed an Advance Benefit Notification (ABN).

The description of the HELP Plan covered and non-covered services presented here is a guide and not a contract to provide medical care. Administrative Rules of Montana, Title 37, governs access and payment for HELP Plan services. The rules can be found at mtrules.org.

HELP Plan Services Chart – Services Must Be Medically Necessary.

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Acupressure	No	—	—	—
Acupuncture	No	—	—	—
Adaptive Equipment (reachers, appliances)	No	—	—	—
Ambulance (Emergency)	Yes	\$0	\$0	No. Call 1-800-292-7114 within 30 days.
Ambulance (Non-Emergency)	Yes	\$0	\$0	Call 1-800-292-7114 for authorization
Audiology Services (see Hearing Exams and Hearing Aids)	Yes	\$4	10% of the Allowable Fee	No
Bio-Feedback	No	—	—	—
Birth Center Services	Yes	\$0	\$0	No
Birth Control	Yes	\$0	\$0	No
Cardiac Rehabilitation	Yes	\$4	10% of the Allowable Fee	Yes
Case Management	Yes	\$0	\$0	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Chemical Dependency Treatment (CD facility inpatient)	Yes	\$4	10% of the Allowable Fee	Yes
Chemical Dependency Treatment (CD facility outpatient)	Yes	\$4	10% of the Allowable Fee	Yes, for some services
Chiropractic (for Adults through age 20. Must be ordered or referred by a HELP Plan provider)	No	—	—	—
Clinic Services	Yes	\$4	10% of the Allowable Fee	No
Cochlear Implants	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Comfort and Convenience Items	No	—	—	—
Community Health Centers Services	Yes	\$4	10% of the Allowable Fee	No
Comprehensive School and Community Treatment (CSCT)	No	—	—	—
Contact Lenses	No	—	—	—
Convalescent Home Subject to a 60-day limit	Yes	\$0	\$0	Yes
Corrective Lenses (see Eyeglasses)	—	—	—	—
Cosmetic Surgery	Only under rare circumstances	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Dental Anesthesia	Yes	\$4	10% of the Allowable Fee	No
Dental Braces (orthodontia) through age 20 if medically necessary	Yes	—	—	Yes
Dental Implants	No	—	—	—
Dental Preventive/Diagnostic	Yes	\$0	\$0	No
Dental Treatment Subject to a \$1,125 limit (excluding: preventive/diagnostic, dentures and anesthesia)	Yes	\$4	10% of the Allowable Fee	No
Denturist	Yes	\$4	10% of the Allowable Fee	No, check service limits
Developmental Disability Services	No	—	—	—
Diabetes Education	Yes	\$0	\$0	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Dialysis (outpatient and training for self-dialysis)	Yes	\$4	10% of the Allowable Fee	No
Doctor Visits	Yes	\$4	10% of the Allowable Fee	No
Drugs/Medications (over-the counter)	Yes	\$4	\$4	No
Drugs/Medications (require prescription - generic)	Yes	\$0	\$0	Yes, for some drugs
Drugs/Medications (require prescription - preferred brand name)	Yes	\$4	\$4	Yes, for some drugs
Drugs/Medications (require prescription - nonpreferred brand name)	Yes	\$8	\$8	Yes, for some drugs
Durable Medical Equipment (DME) and Medical Supplies	Yes	\$4	10% of the Allowable Fee	Yes (for services over \$2,500)
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), through age 20 if medically necessary	Yes	\$0	\$0	Yes, for some services
Emergency Room Services Emergency Services	Yes	\$0	\$0	No
Emergency Room Services Non-Emergency Services	Yes	\$8	\$8	No
Environmental Controls (air cleaners, heaters)	No	—	—	—
Exercise Programs or Equipment	No	—	—	—
Experimental Drugs or Treatments	No	—	—	—
Eye Exams	Yes	\$4	10% of the Allowable Fee	No
Eyeglasses (frames and lenses)	Yes	\$0	\$0	Yes, for some features
Family Planning	Yes	\$0	\$0	No
Genetic Testing and/or Counseling	Yes	\$4	10% of the Allowable Fee	Yes
Hearing Aids	Yes	\$4	10% of the Allowable Fee	Yes
Hearing Exams	Yes	\$4	10% of the Allowable Fee	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Home Health	Yes	\$4	10% of the Allowable Fee	Yes
Home Infusion Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Homemaker	No	—	—	—
Homeotherapy	No	—	—	—
Hospice	Yes	\$0	\$0	Yes
Hospital (inpatient)	Yes	\$75	10% of the Allowable Fee	Yes
Hospital (outpatient)	Yes	\$4	10% of the Allowable Fee	No
Hot Tubs or Spas	No	—	—	—
Hypnotherapy	No	—	—	—
Inclusive Services	No	—	—	—
Indian Health Services/ Tribal Health Services	Yes	\$0	\$0	Yes, for some services
Infertility Treatment	No	—	—	—
Interpreter	Yes	\$0	\$0	No
Lab (laboratory services)	Yes	\$4	10% of the Allowable Fee	No
Massage	No	—	—	—
Medical Marijuana	No	—	—	—
Medical Services Received Outside the U.S.A.	No	—	—	—
Medical Supplies and Equipment (see Durable Medical Equipment)	Yes	\$4 provider	10% of the Allowable Fee	Yes (for services over \$2,500)
Mental Illness Treatment (MI facility inpatient; hospital only)	Yes	\$75	10% of the Allowable Fee	Yes
Mental Illness Treatment (MI facility outpatient)	Yes	\$4	10% of the Allowable Fee	Yes, for some services
Naturopathic Physician Services	No	—	—	—
Neurofeedback	No	—	—	—
Nurse Advice Services	Yes	\$0	\$0	No
OB (obstetric) Services	Yes	\$0	\$0	No

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Occupational Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Orthodontia (dental braces) through age 20 if medically necessary	Yes	\$0	\$0	Yes
Orthotics	No	—	—	—
Out-of-State Services (only if emergency or not available in state)	No	—	—	—
Paternity Tests	No	—	—	—
Personal Assistant	No	—	—	—
Personal Transportation (Emergency)	Yes	\$0	\$0	Call Medicaid Transportation at 1-800-292-7114 for authorization.
Personal Transportation (Nonemergency)	Yes	\$0	\$0	Call Medicaid Transportation at 1-800-292-7114 for authorization.
Pharmacy (see Drugs)	—	—	—	—
Physical Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Pregnancy and Childbirth	Yes	\$0	\$0	No
Prescription Drugs (see Drugs)	—	—	—	—
Preventive Care Services	Yes	\$0	\$0	No
Private Duty Nursing (through age 20 if medically necessary, must be ordered or referred by a HELP Plan provider)	Yes	—	—	No
Professional Counselor	Yes	\$4	10% of the Allowable Fee	No
Psychiatric	Yes	\$4	10% of the Allowable Fee	No
Psychology Services	Yes	\$4	10% of the Allowable Fee	No
Public Health Clinic Services	Yes	\$4	10% of the Allowable Fee	No
Radial Keratotomy	No	—	—	—
Radiology (MRI, PET Scans, GI Radiology, CT Scans)	Yes	\$4	10% of the Allowable Fee	Yes
Respiratory Therapy	Yes	\$4	10% of the Allowable Fee	No
School-Based Services (through age 20 if medically necessary)	Yes	—	—	Yes

Service	Covered by the HELP Plan	Copayments for Participants with Incomes at or below 100% Federal Poverty Level	Copayments for Participants with Incomes above 100% Federal Poverty Level	Preauthorization Needed
Service Animals (including purchase, training and maintenance costs)	No	—	—	—
Shots (immunizations)	Yes	\$0	\$0	No
Social Work (see clinical)	Yes	\$4	10% of the Allowable Fee	No
Speech Therapy	Yes	\$4	10% of the Allowable Fee	Yes
Sterilization (excludes reversal of voluntary sterilization)	Yes	\$0	\$0	No
Stress Management	No	—	—	—
Surgery (inpatient)	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Surgery (outpatient)	Yes	\$4	10% of the Allowable Fee	Yes, for some services
Telemedicine Services	Yes	\$4	10% of the Allowable Fee	No
Telephone Service	No	—	—	—
Temporomandibular Joint Treatment (TMJ) Surgery	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Tobacco Cessation Counseling	Yes	\$0	\$0	No
Tobacco Cessation Drugs	Yes	\$0	\$0	No
Transplants	Yes	\$75 hospital, \$4 provider	10% of the Allowable Fee	Yes
Urgent Care	Yes	\$4	10% of the Allowable Fee	No
Vitamins (requires prescription and includes prenatal vitamins for pregnant women)	Yes	\$0	\$0	Yes, for some vitamins
Weight Loss Clubs or Clinics	No	—	—	—
Weight Loss Surgery (gastric bypass, gastric banding or bariatric surgery, including all revisions)	No	—	—	—
Weight Scales	No	—	—	—
Wellness Programs	Yes	\$0	\$0	No
Whirlpools	No	—	—	—
X-Rays	Yes	\$4	10% of the Allowable Fee	No

HELP Plan Services Described

This list includes examples of HELP Plan services. Not all services are listed and not all details about a service are shown. Ask your doctor or health care provider for more information. You can also call BCBSMT at **1-877-233-7055** for more information.

All covered treatments and services must be medically necessary. The participant receiving services must be enrolled at the time the service is delivered.

Ambulance Services

Emergency ambulance services are covered for emergency ground or air transports. Call **911** or your local emergency number for services. An emergency means a medical condition manifesting itself by sudden symptoms of enough severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individuals (or, for a pregnant woman, the health of the woman and her unborn child) in serious jeopardy.
- Serious impairment of bodily functions.
- Serious dysfunction of any bodily organ or part.

Licensed ground and air ambulance services are covered to the nearest hospital equipped to provide necessary treatment when:

- The service is to treat a life-threatening illness or injury, or
- It is medically necessary – meaning other forms of getting to care would endanger the participant's health.

Ambulance services must be medically necessary. If you are not sure you should go to the emergency room, call your HELP Plan provider or Nurse Advice Line at **1-877-213-2568**. The call is free. Registered nurses are available 24 hours a day, 7 days a week to help you decide.

If you used your personal vehicle for emergency travel, you must call the Medicaid Transportation Center at **1-800-292-7114** within 30 days of the emergency in order to be considered for payment. Scheduled non-emergency use of an ambulance may be necessary in some cases, but you must receive preauthorization before travel takes place. Call the Medicaid Transportation Center at **1-800-292-7114**.

Audiology Services

(see Hearing Aids and Hearing Exams, pg. 21)

Birth Center Services

Birth center services are provided in a state-licensed health care place or hospital.

Birth Control

Pills, shots and most other types of birth control, and family planning supplies are covered. Birth control must be prescribed for you by a covered provider.



HELP Plan Services Described

Case Management

In the event of a high-cost medical problem, the HELP Plan may be able to recommend medically appropriate, cost-effective treatments for you and your provider to consider. A case manager will evaluate your condition with your HELP Plan provider. For additional information, call BCBSMT at **1-877-233-7055**.

Examples of illnesses where case management is valuable are:

- Severe diabetes,
- Cancer,
- Chronic illness (such as asthma, pneumonia, and lung problems),
- Acute injuries (such as head injuries),
- Heart problems,
- Multiple therapies (physical, speech or occupational therapies),
- Cystic fibrosis,
- Behavioral health conditions, and
- High-risk pregnancy.

Chemical Dependency Services

There are several different kinds of alcohol and drug treatment services:

- Non-hospital inpatient treatment – this service is 24 hours a day, 7 days a week, and patients live in the facility,
- Intensive non-hospital outpatient treatment,
- Hospital inpatient and outpatient treatment,
- Partial hospitalization, and
- Individual, group, or family counseling.

Preauthorization is required for inpatient services, residential treatment services, and intensive outpatient services. Call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**.

Cochlear Implants

Cochlear implants and associated components require preauthorization. Call BCBSMT at **1-877-233-7055**.

Community Health Centers

The HELP Plan covers visits to Community Health Centers (CHC), Federally Qualified Health Clinics (FQHC), and Rural Health Centers (RHC).

If you have questions about CHC, FQHC, or RHC services, you may contact the Montana Healthcare Programs at **1-800-362-8312**.

HELP Plan Services Described

Convalescent Home Services

The HELP Plan covers services of a convalescent home as an alternative to inpatient hospital care. A convalescent home is an institution, or distinct part thereof, other than a hospital, which is licensed pursuant to state or local law.

A convalescent home is:

1. A skilled nursing facility;
2. An extended care facility;
3. An extended care unit; or
4. A transitional care unit.

A convalescent home is primarily engaged in providing continuous nursing care by or under the direction and supervision of a registered nurse for sick or injured participants during the convalescent state of their illness or injuries and is not, other than incidentally, a rest home or home custodial care, or for the aged.

Convalescent home services are limited to 60 days per benefit period.

Convalescent home services must be preauthorized; call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**.

Corrective Lenses

(see Eyeglasses, pg. 20)

Dental Services – HELP Plan Dental Treatment Services

A HELP Plan participant may receive up to \$1,125 in dental treatment services per benefit year. The benefit year runs from July 1 through June 30. Each July 1st, HELP Plan participants become eligible for \$1,125 of dental treatment services (treatment frequency limits apply). Services that are covered but do not count toward the \$1,125 benefit period treatment limit, are preventive/diagnostic, anesthesia, and dentures.

You will have to pay for services that go over the \$1,125 HELP Plan Dental Treatment limit. Any amount over the \$1,125 limit is a private arrangement between you and your Medicaid dental provider.

Some dental services require Medicaid copayments. Make sure you know how much your services cost, and if you have reached your \$1,125 dental treatment limit.

Most dental services are covered.

Some Dental Services That Are Not Covered:

- Dental Implants, and
- Cosmetic Dentistry.

NOTE

Surgical repair of the mouth and gums due to an accident or congenital defect may be covered under the medical benefits of your HELP Plan. Contact BCBSMT for more information at **1-877-233-7055**. Dental services needed for an accidental injury to healthy, natural teeth and gums are covered for up to 12 months from the date of the accident.

HELP Plan Services Described

Finding a HELP Plan Dentist

A list of Medicaid enrolled dentists is available at **HELPPlan.mt.gov** by clicking on the “Find a Health Care Provider” option.

Contact Medicaid enrolled dentists in your area to make an appointment and ask if they accept new HELP Plan patients. If your dentist is not currently a Medicaid enrolled dentist but would like to become one, the dentist may contact the Montana Healthcare Programs Help line at **1-800-362-8312**.

If you have questions about HELP Plan dental services, you may contact the Montana Healthcare Programs Help Line at **1-800-362-8312**.

Diabetes Education

The HELP Plan covers outpatient diabetes education services. Covered services include programs for self-management training and education as prescribed by a doctor. Diabetic supplies are covered under the section entitled ‘Durable Medical Equipment and Medical Supplies’ on page 19.

Dialysis

Dialysis is covered for participants who have chronic end-stage renal disease. Services covered at dialysis clinics include:

- Outpatient dialysis, and
- Training for self-dialysis.

Doctor Visits

Visits to your doctor’s office are covered. When we use the term “doctor,” we also mean physician assistants (PAs) and nurse practitioners (NPs), FQHCs, RHCs, IHS, tribal, and CHCs. Most services you get from a doctor are covered.

Examples of “doctor” services include:

- Treating high blood pressure,
- Office visits,
- Physicals (exams),
- Operations, and
- Shots (immunizations).

Drugs (Over-the-Counter)

The following over-the-counter drugs are covered if they are prescribed for you by your HELP Plan provider or Medicaid enrolled provider:

- Aspirin,
- Insulin,
- Laxatives, antacids, head lice treatment,
- Stomach products such as Zantac® and Prilosec OTC®,
- Allergy products such as Claritin®,
- Levonorgestrel,
- Ketotifen ophthalmic solution,
- Pyridoxine,
- Doxylamine,
- Nasacort AQ,
- Oxybutynin Transdermal, and
- Folic Acid.

HELP Plan Services Described

Drugs/Medications (Prescription)

Many prescription drugs are covered. Some prescription drugs may need preauthorization. To find out if a drug you need is covered or to find out if a drug needs preauthorization, talk to your pharmacist or the person who prescribed the drug.

The HELP Plan usually will pay for a 34-day supply of drugs. Participant may get a 90-day supply of some drugs for heart disease, high blood pressure, or birth control. Early refills may be authorized if the person who writes the prescription changes your dose. Early refills will not be granted for lost or stolen medication, or for vacation, or travel.

Prescription drugs are only covered if you go to a Montana Medicaid enrolled pharmacy. To find out if your pharmacy is enrolled, go to **HELPPlan.mt.gov**, and then click on the “Find a Health Care Provider” option.

Out-of-state pharmacy benefits will be paid only to Medicaid enrolled providers. Check the link to find out if your out-of-state provider is enrolled. Call the Montana Healthcare Programs at **1-800-362-8312** for more information.

Durable Medical Equipment (DME) and Medical Supplies

Medical supplies include things like wound dressings and diabetic needles, lancets, test strips, and devices for monitoring glucose.

DME must be ordered or referred by a HELP Plan provider. DME includes things like oxygen equipment, wheelchairs, prosthetic limbs, and orthotics. DME items must be the least costly option to treat the medical condition and used in your home, school, or work place. You will need preauthorization for DME items that cost \$2,500 or more; call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**. For answers to DME questions, ask your medical provider, your DME provider, or call BCBSMT at **1-877-233-7055**.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

EPSDT services are comprehensive and preventive health care services for Participants through age 20 and include:

- Diagnostic and treatment services that are medically necessary,
- Comprehensive health and developmental history, physical exam, immunizations, lab tests and health education,
- Vision services, including diagnosis, treatment, and eyeglasses,
- Dental services, and
- Hearing services.

Emergency Room Services, Emergency Services

Emergency services are covered in the HELP Plan. An emergency is a medical condition manifesting itself by sudden symptoms of enough severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individuals (or, for a pregnant woman, the health of the woman and her unborn child) in serious jeopardy.
- Serious impairment of bodily functions.
- Serious dysfunction of any bodily organ or part.

The HELP Plan pays for all medically necessary covered care that you get from HELP Plan providers. The HELP Plan covers emergency care and urgent care if you follow the rules below.

You should notify your primary care provider as soon as possible that you are receiving emergency care. You should arrange follow-up care with your primary care provider.

HELP Plan Services Described

Hospitals are required to comply with federal requirements to screen for and provide services to individuals who require emergency care. The State presumes all visits to the emergency department are not subject to cost sharing, unless the provider provides a written attestation to the State that the provider meets the State's requirements for imposing cost-sharing for emergency department services. Copayments for non-emergent use of the emergency department can only be charged if the hospital completes all of the below steps:

1. Conducts an EMTALA-compliant medical screening examination that concluded the participant's condition is non-emergent;
2. Provides the participant with the name and locations of an alternative non-emergency services provider;
3. Informs the participant of the amount of his or her cost-sharing obligation for non-emergency services provided in the emergency department;
4. Determines that the alternative provider can provide services at a lower cost sharing amount; and
5. Provides a referral to schedule treatment by the alternative provider.

In the event a visit is determined to be a non-emergency, the hospital may bill the participant for a copayment once the copayment amount is determined after adjudication of the claim. The State will instruct hospitals of these requirements, establish a hospital attestation process, and inform beneficiaries that they may only be charged a copayment for non-emergency use of the ER if these conditions are met.

Eye Exams

Eye exams and the fee to fit your eyeglasses are covered.

Optometric services for the medical treatment of diseases or injury to the eye by a licensed doctor or optometrist are covered.

To find an ophthalmologist or optometrist near you, refer to the HELP Plan Provider Directory on the website at www.bcbsmt.com/mthelpplan.

If you have questions, contact BCBSMT Participant Services at **1-877-233-7055**.

Eyeglasses

Eyeglasses are provided through a contract with Walman Optical Co. The HELP Plan will only pay for your eyeglasses if they are covered under the Walman contract. When ordering eyeglasses from the eyeglasses provider, make sure the provider carries eyeglasses covered under the Walman contract. If you choose to purchase frames or lenses that are not covered under the contract, it is your responsibility to pay for the purchase.

The HELP Plan pays for one pair of glasses every 365 days. However, if you have a medical condition that requires more frequent prescriptions, new lenses (but not new frames) may be covered more often.

All frames have a 24-month warranty to guard against defects. The warranty does not replace damaged frames other than manufacturer defects. You must return defective parts of the glasses for repair. Your HELP Plan provider may charge you a small handling fee for returning glasses for repair.

HELP Plan Services Described

The HELP Plan does not replace lost or stolen eyeglasses. The HELP Plan does not pay for contact lenses. If you have questions, contact the Montana Healthcare Programs at **1-800-362-8312**.

Family Planning Services

Most family planning services are covered, including, but not limited to:

- Physical exams, with breast exams,
- Pap test (to test for pre-cancerous conditions),
- Pregnancy tests,
- Birth control,
- Sexual health counseling (how to prevent or approach unintended pregnancy and sexually transmitted infections),
- Testing and treatment for sexually transmitted infections,
- Shots for German measles (to prevent pregnancy complications), and
- Shots for HPV.

You can receive most family planning services from your primary care provider or from other providers able to administer the services.

Hearing Aids

Hearing aids, hearing aid supplies, including batteries, and hearing aid repairs are covered when provided by a Medicaid enrolled provider. The Medicaid enrolled provider must request preauthorization for hearing aids. The HELP Plan participant must be enrolled on the date of the preauthorization request and on the date of service, including the date the hearing aid is provided to the HELP Plan participant. Hearing aid services must be ordered or referred by a HELP Plan provider.

For additional information on hearing aids, supplies and warranty, go to the Montana Healthcare Programs website at **HELPPlan.mt.gov**.

Cochlear implants and associated components require preauthorization. The HELP Plan provider must request preauthorization. Call BCBSMT at **1-877-233-7055**.

Hearing Exams

Hearing exams are covered and must be ordered or referred by a HELP Plan provider. For additional information on hearing exams, go to the Montana Healthcare Programs website at **HELPPlan.mt.gov**.

HELP Healthy Behavior Plan

BCBSMT has implemented a comprehensive health and wellness program for participants in the Montana Health and Economic Livelihood Partnership (HELP) Plan, with a focus on engaging participants and providers. This program is called the HELP Healthy Behavior Plan. The program has been designed to:

- Improve participant's knowledge of lifestyles that are healthy and promote wellness;
- Improve participant's understanding of chronic health conditions;
- Design programs to increase a participant's understanding of lifestyle behaviors that negatively impact their health;
- Ensure continuous health care;
- Provide easy access to health information;
- Provide participant resources to assist them in engaging in healthy lifestyle behaviors;
- Improve the participant-provider relationship;
- Improve health plan-provider communication; and

HELP Plan Services Described

- Engage existing provider and community health education programs in providing participant wellness information and in offering participant support for chronic conditions.

All participants will be offered information on health and wellness programs.

Programs offer Care Coordinator assistance on a plan of care involving diet, exercise, positive changes in lifestyle and goal setting. The goal is to encourage healthy changes and new habits that will lead to a healthier life.

Participants may call BCBSMT Participant Services **1-877-233-7055** and ask to be enrolled in one of the approved programs, or ask to speak with a Care Coordinator to learn more about this benefit. There are several DPHHS approved wellness programs available throughout the state of Montana. Descriptions of these programs are available on the BCBSMT participant portal, Blue Access for Members (BAM) at <http://bcbsmt.com/mthelpplan> and DPHHS' website at <http://dphhs.mt.gov/publichealth/chronicdisease/CommunityBasedPrograms>.

Wellness Programs in the Healthy Behavior Plan

Community Based Wellness Programs (DPHHS):

1. Montana Living Life Well Program;
2. Diabetes Self-Management Education;
3. Asthma Self-Management Education;
4. Arthritis Foundation Exercise program;
5. Walk with Ease program;
6. Diabetes Prevention Program; and
7. Montana Tobacco Quit Line.

BCBSMT Wellness Programs

The BCBSMT Wellness Programs are individualized programs designed to meet the needs of participants who may not be able to attend a community program, or prefer one-on-one interaction. Care coordinators are licensed medical professionals who provide this education and interaction over the phone.

1. Asthma Management Program;
2. Diabetes Prevention and Management'
3. Hypertension;
4. Tobacco/Smoking Cessation; and
5. Weight Loss and Healthy Lifestyles

Home Health Services

Home health services are provided by a licensed and certified agency. The services must be ordered by a HELP Plan provider. These services are covered but must be preauthorized. Call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**.

Covered services include:

- Part-time care in your home from a skilled nurse,
- Home health aide care – services for a short, definite period of time to assist in the activities of daily living and care of the household to keep you in your home,
- Physical, occupational, or speech therapy,
- Non-routine medical supplies suitable for home use, and

HELP Plan Services Described

- Medical social worker services.

Home Infusion Therapy

Home infusion therapy must be ordered or referred by a HELP Plan provider. Some drug treatments must be given in your veins (intravenously). These treatments may be given in your home. Infusion therapy in your home is covered, along with the cost of the person who comes to your home to give you the drug treatments. For additional information on Home Infusion Therapy, go to the Montana Healthcare Programs website at **HELPPlan.mt.gov**.

Hospice

Hospice is end-of-life comfort care. Hospice manages all care related to the illness. Grief counseling is also available for the family. Hospice is provided by a licensed and certified agency. Hospice services are covered, but must be preauthorized. Call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**.

Hospital Services

Services you get in a hospital, whether you stay in the hospital overnight or not, are covered. However, services must be ordered or referred by a HELP Plan provider. Some examples of services you might get in a hospital are:

- Emergency Room services,
- Medical or behavioral health services for which your HELP Plan provider admits you to the hospital,
- Physical therapy,
- Lab services,
- X-Rays,
- Cardiac rehabilitation,
- Pulmonary rehabilitation, and
- Surgery.

When you know ahead of time that you are going in the hospital, call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**. Hospital services must be preauthorized before you go. If you have an emergency and are admitted to the hospital, BCBSMT should be contacted within 24 hours or the next working day. If the hospital you are admitted to is a participating provider, it is the provider's responsibility to notify BCBSMT. If the hospital you are admitted to is not a participating provider, it is your responsibility to notify BCBSMT for preauthorization.

Indian Health Services (IHS) and Tribal Health Services

The HELP Plan partners with IHS, Tribally Operated Health Care Clinics, and Urban Indian Health Centers. These clinics provide medically necessary services for some enrolled participants. American Indian participants never have a copayment.

Interpreter Services

Interpreter services will be provided if you do not speak fluent English, are hearing impaired, or are otherwise in need. Interpreter services are covered if they are needed for you to get another covered service. You and your HELP Plan provider determine if an interpreter is required and your provider can arrange for a qualified interpreter to provide services. You may request a friend or family participant to be your interpreter. There is no cost to you for interpreter services.

Lab (Laboratory) Services

X-ray and lab services must be ordered or referred by a HELP Plan provider. Verify your HELP Plan provider is sending the

HELP Plan Services Described

X-Ray or lab work to another HELP Plan provider. Call BCBSMT at **1-877-233-7055**.

Medical Supplies and Equipment

(see Durable Medical Equipment, pg. 19)

Mental Illness Services

The HELP Plan covers these mental health services for all participants:

- Individual, group, and family counseling,
- Group therapy,
- Outpatient mental health assessments,
- Acute inpatient hospital services (preauthorization is required), and
- Psychological testing (preauthorization is required).

Preauthorization is required for inpatient services, residential treatment services, and intensive outpatient services. Call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**.

Nurse Advice Line

Nurse Advice is a free telephone advice line you can call when you are sick, hurt or have a health question. Call **1-877-213-2568**. Nurses are there 24 hours a day, 7 days a week. Nurses at Nurse Advice can help you save time and money by guiding you to the right care at the right place and at the right time.

Nurse Advice can help you with problems like:

- Fever,
- Ear ache and headache,
- Flu and sore throat,
- Skin rash,
- Vomiting or upset stomach,
- Colds and coughing, or
- Back pain.

If you have just found out you have diabetes, heart disease, high cholesterol, or any other health issue, Nurse Advice may be able to give you some information and help answer your questions.

Don't call Nurse Advice when:

- You have a health concern you are sure is life threatening. In this case, call **911** or go directly to the emergency room.
- You've seen your doctor for a specific health problem and a follow-up appointment is needed. Call the office directly to schedule the appointment.
- You've seen your doctor for a specific health problem, and she refers you to a specialist. Call the specialist's office directly to set up an appointment.
- You need regular services such as transfusions or dialysis. Make this series of appointments directly with the doctor's office.

OB (Obstetric) Services

Prenatal visits, delivery, and checkups for the mother after she gives birth are covered. A baby's delivery must be in a

HELP Plan Services Described

licensed hospital or birth center to be covered.

Occupational Therapy

(see Therapies, pg. 26)

Out-of-State Services

You may need to get medical services outside of Montana.

- If you have an accident, crisis or something that cannot wait until you're back in Montana, seek help at a hospital. Call BCBSMT at **1-877-233-7055**; toll free, as soon as possible to see if a covered provider is close to you.
- All out-of-state hospital inpatient services need preauthorization before you get services unless you have an emergency. Call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**.
- Other HELP Plan services require preauthorization as shown on the HELP Plan services chart in this HELP Plan Participant Guide.
- Services received outside the United States, including Canada or Mexico, are never covered.

Physical Therapy

(see Therapies, pg. 25)

Physician Services

(see Doctor Visits, pg. 18)

Pregnancy

(see OB, pg. 24)

Prescription Drugs

(see Drugs/Medications (Prescription), pg. 19)

Preventive Care Services

The HELP Plan covers preventive care services, and there are no out-of-pocket costs to you. Preventive care helps keep you healthy and includes:

- Regular checkups,
- Dental checkups,
- Eye exams,
- Mammograms, Pap tests, and other cancer screening, and
- Treatment for some chronic conditions.

Pulmonary Therapy

(see Therapies, pg. 25)

Respiratory Therapy

(see Therapies, pg. 25)

Social Work Services

Social work services are covered if provided by a licensed clinical social worker who is a HELP Plan provider. These services

HELP Plan Services Described

may be individual, group, or family therapy.

Specialty Care

Specialty care is any health care your primary care provider advises but cannot provide. Examples are X-Rays, therapy, or tests to spot a health issue. It is best if all of your health care services are managed by your primary care doctor. If you need specialty care, your primary care provider will refer you to a HELP Plan specialist. Referrals are not required for specialty care, including obstetrical and gynecological care, as long as you see a HELP Plan participating provider. However, treatment received from a provider who is not in the HELP Plan network will not be covered without preauthorization.

If specialty care is needed and a HELP Plan participating provider is not available in your area, contact BCBSMT at **1-877-233-7055**. We will give you information on how to obtain specialty care.

Speech Therapy

(see Therapies, pg. 25)

Supplies

(See Durable Medical Equipment (DME) and Medical Supplies, pg 19)

Surgery

Most medically necessary surgeries are covered, whether done in a hospital or surgery center. Some surgeries must be preauthorized; call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**.

Telemedicine Services

Telemedicine services are covered when they are provided by HELP Plan providers. The services must be for covered benefits. Telemedicine services are provided through a secure electronic connection. The provider and the participant are not at the same site. There must be both an audio and video portion to the visit. Both the provider and participant must take part in the discussion.

Therapies

Covered therapies are:

- Occupational therapy (requires preauthorization),
- Physical therapy (requires preauthorization),
- Respiratory therapy,
- Speech therapy (requires preauthorization),
- Cardiac therapy, and
- Pulmonary therapy.

Occupational therapy, physical therapy, and speech therapy must be ordered or referred by a HELP Plan provider.

Coverage is provided for habilitative care services when the participant requires help to maintain, learn, or improve skills and functioning for daily living or to prevent deterioration. These services include, but are not limited to:

1. Physical therapy;
2. Occupational therapy;
3. Speech-language pathology; and
4. Behavioral health professional treatment.

HELP Plan Services Described

Applied behavior analysis for adults is excluded.

Habilitative care services are reimbursable if a licensed therapist is needed. Licensed therapists will only be reimbursed if the service must be provided by a therapist. Services may be provided in a variety of inpatient or outpatient settings as prescribed by a physician or mid-level practitioner.

Coverage is provided for rehabilitative care services when the participant needs help to keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt, or disabled. Rehabilitative services will include, but are not limited to:

1. Physical therapy;
2. Occupational therapy;
3. Speech-language pathology; and
4. Behavioral health professional treatment.

Applied behavior analysis for adults is excluded.

Rehabilitative care services are reimbursable if a licensed therapist is needed. Licensed therapists will only be reimbursed if the service must be provided by a therapist. Services may be provided in a variety of inpatient or outpatient settings as prescribed by a physician or mid-level practitioner.

Therapy services must be preauthorized by your HELP Plan provider; call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**.

Tobacco Cessation

Tobacco cessation drugs and counseling are covered by the HELP Plan. You can also get help to stop smoking or chewing by calling the Montana Tobacco Quit Line at **1-800-QUIT-NOW** or **1-800-784-8669**.

Transplants

Organ and tissue transplants are covered. Transplant benefits include:

- Heart, heart/lung, single lung, double lung, liver, pancreas, kidney, simultaneous pancreas/kidney, bone marrow/stem cell, small bowel transplant, cornea and renal transplants.
- For organ and tissue transplants involving a living donor, transplant organ/tissue procurement, and transplant-related medical care for the living donor are covered.
- Transplants of a nonhuman organ or artificial organ implant are not covered.
- Donor searches are not covered.

For certain transplants, BCBSMT contracts with a number of Centers of Excellence that provide transplant services. BCBSMT highly recommends use of the Centers of Excellence because of the quality of the outcomes at these facilities. Participants being considered for a transplant procedure are encouraged to contact BCBSMT Participant Services to discuss the possible benefits of utilizing the Centers of Excellence.

Inpatient services must be preauthorized; call BCBSMT at **1-877-233-7055**. Your provider may also fax the preauthorization to **(406) 437-5850**.

HELP Plan Services Described

Transportation

The HELP Plan may pay for you to get to your health care provider or other health care service, if the service is covered by the HELP Plan, and if you have no other way to get there. The following rules are used to decide if travel funds will be given:

- Preauthorization is required for each trip.
- You must use the least costly way to travel that still meets your needs.
- All transportation must be approved before you go, and if your appointment is changed, you must get your transportation approved again. The number to call for approval is **1-800-292-7114**.
- Travel funds can be provided for out-of-town or out-of-state if the service is not available near you. Advance payments will be on a case-by-case basis.
- You must be eligible for the HELP Plan on the date of the medical appointment.
- The mileage allowed per trip is based on the nearest provider who can provide the service, regardless of where the participant receives health care.

If you used a personal vehicle for emergency travel, you must call the Medicaid Transportation Center at **1-800-292-7114** within 30 days of the emergency in order to be considered for payment.

There are different rules for different kinds of transportation, such as taxicabs, buses, wheelchair-accessible vans, and non-emergency ambulances. Sometimes friends or family members can get paid for using their cars to take you to appointments. Be sure to call the Medicaid Transportation Center at **1-800-292-7114** before you arrange travel. You will be paid after you travel, if you have followed the above steps. The Medicaid Transportation Center will contact your doctor's office to make sure that you went to your appointment before paying.

Urgent Care

Some situations require prompt medical attention although they are not emergencies. In these situations, call your primary care provider and describe the situation. He or she will help direct your care. Examples include, but are not limited to:

- Sprains,
- Non-severe bleeding,
- Sore throats, or
- Ear aches.

Unless you get preauthorization, you must receive urgent care from HELP Plan providers. If you receive services from non-HELP Plan providers, you may have to pay for the services. You may also call the Nurse Advice Line at **1-877-213-2568**. Registered nurses are available 24 hours a day, 7 days a week. There is no charge for this call.

Vitamins

Vitamins are covered for certain conditions. For example, prenatal vitamins are covered during your pregnancy. You must have a prescription and you may need preauthorization; call the Montana Healthcare Programs at **1-800-362-8312**.

Wellness Programs

(See HELP Healthy Behavior Plan, page 21)

HELP Plan Eligibility and Key Contacts

Eligibility

For any issue related to your HELP Plan eligibility, you can contact the Montana Public Assistance Help Line at **1-888-706-1535** or **apply.mt.gov**.

For any issue or question related to medically frail eligibility, you can contact the Montana Public Assistance Help Line at **1-888-706-1535** or **apply.mt.gov**. Medically Frail means an individual has a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or lives in a medical facility or nursing home.

Key Contacts

For any issue or question related to services administered by DPHHS, you can contact the Montana Healthcare Programs toll-free phone number **1-800-362-8312**.

For any issue or question related to services administered by BCBSMT, you can contact the toll-free phone number **1-877-233-7055**. The hours are 8 a.m. to 8 p.m. Monday through Friday (Mountain Time). This toll-free number will receive incoming phone calls made from anywhere in the U.S.A.

Montana Relay Services

Telecommunications assistance for the hearing impaired.

1-800-833-8503 Voice, TTY

1-406-444-1335 Voice, TTY

relay@mt.gov

Interpreter Services

For forms and information on interpreter or translator services, call BCBSMT at **1-877-233-7055** or visit **<http://medicaidprovider.mt.gov/forms#240933496-forms-a--c>** for forms and additional instructions.

Denials and Appeals

Do You Disagree With a Service Decision?

If you disagree with a decision made about a service, there are few things you can do. Make sure to read this HELP Plan Participant guide to see if the service is covered by the HELP Plan. If you are not sure, you can talk with the contacts listed under the Key Contacts section of this guide. If you still do not agree, you can appeal.

For Benefits Administered by Blue Cross and Blue Shield of Montana (for example, medical, behavioral health, rehabilitation therapy. Please see page 3 of this Participant Guide for complete list.)

First Level Appeal

If you do not agree with a denial, or partial denial of a claim, you have 90 days from when you received the denial to appeal. To request an appeal, the request:

- Must detail your objections, and
- Must include any documents and information which you wish BCBSMT to consider in the appeal review.

A BCBSMT representative will let you know when your request for appeal is received. You will receive a written response within 45 days of receipt of your appeal.

Mail, call, or deliver your request for appeal to:

Blue Cross and Blue Shield of Montana
Appeals and Grievances Department
PO Box 27838
Albuquerque, NM 87125-9705
Phone: **1-877-232-5520**
Fax: **1-866-643-7069**

If you do not agree with the decision, you can make a second level appeal.

Second Level Appeal

The Office of Fair Hearing will handle your second level appeal. Within 90 days of receiving the first decision, if you do not agree with the decision, you may mail or fax your second level appeal request to:

Office of Fair Hearings
Department of Public Health and Human Services
PO Box 202953
Helena, MT 59620-2953
Fax: **1-406-444-3980**

Denials and Appeals

For Benefits Administered by Xerox (for example, pharmacy, dental, eyeglasses. Please see page 3 of this Participant Guide for complete list.)

Appeal Process

The Office of Fair Hearing will handle your appeal. Within 90 days of receiving the first decision, if you do not agree with the decision, you may mail or fax your appeal request to:

Office of Fair Hearings
Department of Public Health and Human Services
PO Box 202953
Helena, MT 59620-2953
Fax: **1-406-444-3980**

Other Resources To Help You

What If It Is a Discrimination Issue?

Participants enrolled in the HELP Plan have a right to:

- Equal access to services without regard to race, color, national origin, age, physical or behavioral disability, marital status, religion, creed, sex, sexual orientation, political belief, genetic information, veteran status, culture, social origin or condition, or ancestry,
- An interpreter or translator if needed, and
- Other help understanding benefits and services.

You can file a complaint if you believe you were discriminated against. If you need additional information regarding these protections, please contact:

Office of Civil Rights
US Department of Health and Human Services
1961 Stout Street, Room 1426
Denver, CO 80294
Phone: **1-303-844-2024**
DD: **1-303-844-3439**

If You Don't Want HELP Plan Coverage Any More

You have the right to ask to end HELP Plan coverage. To end the HELP Plan, call the Montana Public Assistance Help Line at **1-888-706-1535**.

Alternative Accessible Format

Persons with disabilities who need an alternative accessible format of this information, or who require some other reasonable accommodation in order to participate in the HELP Plan, should contact BCBSMT at **1-877-233-7055**.

Other Resources

For questions about your rights, this notice or for assistance, you can contact an assistance program or ombudsman.

Montana Office of the Commissioner of Securities and Insurance
840 Helena Ave
Helena, MT 59601
www.csi.mt.gov
Phone: **(800) 332-6148**

Other Useful Programs and Services

Organization or Service	Website	Phone Number
AIDS or Sexually Transmitted Diseases Questions	dphhs.mt.gov/publichealth/hivstd	1-(406) 444-3565
Behavioral Health Ombudsman	mhombudsman.mt.gov/default.mcpix	1-888-444-9669
Child Abuse and Neglect	dphhs.mt.gov/cfsd	1-866-820-5437
Child Support Customer Service	dphhs.mt.gov/csed	1-800-346-5437
Childhood Lead Poison Prevention Information	dphhs.mt.gov/publichealth/lead	1-(406) 444-0273
Children's Special Health Services	dphhs.mt.gov/publichealth/cshs	1-800-762-9891
Citizen's Advocate (Governor's Office)	citizensadvocate.mt.gov	1-800-332-2272
HELP Plan Transportation Approval	dphhs.mt.gov	1-800-292-7114
Legal Services	montanalawhelp.org	1-800-666-6899
Medicaid Fraud Line	dphhs.mt.gov/medicaid/fraudandabuse	1-800-201-6308
National Alliance on Mental Illness – Montana	namimt.org	1-(406) 443-7871
National Domestic Violence Hotline	thehotline.org	1-800-799-7233
Offices of Public Assistance (OPA)	dphs.mt.gov/hcsd/officeofpublicassistance	1-888-706-1535
Poison Control	dphhs.mt.gov/publichealth/emsts/poison	1-800-222-1222
Social Security	socialsecurityofficelocations.com/state/MT.html	1-800-772-1213
Suicide Prevention	prevention.mt.gov/suicide	1-800-273-8255
Teen Dating Abuse Helpline	loveisrespect.org	1-866-331-9474
Tobacco Quit Line	dphhs.mt.gov/publichealth/mtupp/quitline	1-800-784-8669
WIC Nutrition Information	dphhs.mt.gov/wic/	1-800-433-4298

For questions about this guide, contact:

BCBSMT

560 North Park Avenue

Helena, MT 59602

1-877-233-7055

